

# Evaluation Form



**\*\*Please complete this form and return it to the box on the front desk.\*\***

**Campus:** M or F    **Center:** Math, W, or R  
**Name of your tutor:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_  
**Your Major:** \_\_\_\_\_  
**Your Native Language:** \_\_\_\_\_

**Your Current Level:**  
 Prep  
 Freshman (1<sup>st</sup> year)  
 Sophomore (2<sup>nd</sup> year)  
 Junior (3<sup>rd</sup> year)  
 Senior (4<sup>th</sup> year)

**1. I came to the LESC because:**

- I referred myself
- My teacher referred me
- My advisor referred me
- Other

**2. I came to receive help with:**

- Math
- Reading
- Writing
- Speaking
- Listening
- Pronunciation
- Grammar
- A specific project or assignment
- Other: \_\_\_\_\_

**Please answer the following questions by circling the words:**

- |   |     |          |    |
|---|-----|----------|----|
| 3. I am satisfied with the help I received.   | YES | NOT SURE | NO |
| 4. The session helped me with my overall Math/English proficiency.                        | YES | NOT SURE | NO |
| 5. I have a better understanding of the topics covered than I did before the appointment. | YES | NOT SURE | NO |
| 6. My tutor was knowledgeable.  | YES | NOT SURE | NO |
| 7. I would probably come back for help in the future.                                     | YES | NOT SURE | NO |

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the LESC?  
Please check all that apply.**

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Professor(s)        | <input type="checkbox"/> Flyer   | <input type="checkbox"/> Website           |
| <input type="checkbox"/> Classmate or Friend | <input type="checkbox"/> Poster  | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Writing Center      | <input type="checkbox"/> Advisor |  |
| <input type="checkbox"/> Other:              |                                  |  |
- \_\_\_\_\_